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File with: lowa Ethics and Cempaign Disclosure Board 510 E. 12th, Sto. 1A Des Mokres, lowa 50319 Fax: 515-281-4073



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2000 OCT 15 AM 9: 22

FOR INSTRUCTIONS, SEE BACK OF FORM

Fax. 010-201-40/3	DISCLOSURE S	UMMARY PAGE		_
COMMITTEE NAME (Must	be same as on Statement of Organiz			
Cass County Republican	Central Committee	•		FORM
(4) County Central Committee (e of committee you are reporting for: 4. Standing for Retention Candidate (2)S 5)County Candidate (6)City Candidate nty PAC (9)City PAC (10)School Boal	iste PAC (3)State Party 5 (7)School Board or Other Politica rd or Other Political Subdivision PAC	(R	OR-2 OV. 07/2007) Office Use Only Onn. # 9029
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Log	nm. # 10 22] ged in S
Office Sought		District (If Senate or House)		mputer
SIMULL 1 BIGNATURE OF PERSON FI	LING REPORT	641-369-2829 TELEPHONE		10/15/08 DATE SIGNED
AM FILING A October 15,		REPORT FOR (1) ELECTION		LECTION YEAR.
•	report date)	Indicate by a	1	
CHECK IF AMENDMENT 1	TO REPORT DATED		Local Comm	ittees, enter Date of Election
	ENT OF CASH ON HAND			
committee. This am	ning of the reporting period. (Total o ount MUST be the same as the cash period or must be zero if this is first n	on hand at the end	\$	1,616.85
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD			
Schedule A: Cash C	Contributions total (Attach Schedule A	A) (*also see in-kind below),	*********	
	Received total (Attach Schedule F)			
	iales of Campaign Property (Attach S			
(Schedule	H applies to Candidates' Committe	es Only)		0.00
		SUB-TOTAL	\$	0.00
	MONEY SPENT THIS PERIOD			0.00
	ditures total (Attach Schedule B) (**à épayments total (Attach Schedule F)			V.00
ASH ON HAND at the end o	f this reporting period (if final report t	(orez ed taum eonalac	\$	1,616.85
'UNPAID BILLS (From Sche	dule D - Attach Schedule D)	**************************************	s	
	From Schedule E - Attach Schedule			
	rom Schedule F - Attach Schedule F			
ONSULTANT BREAKDOW				YESNO
ANDIDATE COMMITTEES	ONLY:			, _
ALUE OF CAMPAIGN PRO	PERTY (From Schedule H - Attach S	ichedule H)	\$	
	nit a reconciled campaign account be	•	VARF.	

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funde) COMMITTEE NAME (Must be same as on Statement of Organization) Cass County Republican Central Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE SOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO
	ID#				RAISEF INCOM
	CK#			s	
	ID#				
	CK#				
	1D#				
	CK#				
	ID#				
	CK#				
	TD#				
	CK#				
	ID#				
	CK#				
-	10#				
	CK#				
`	ID#				
	CK#				
	ID#		-		
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		
		TOTAL (if last page	of this schodule:	\$	
	nulma amadidak ini in	disclose the relationship of any relative making a contribution		\$ 0.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consangularity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTER NAME (Must be same as on Statement of Organization)

Cass County Republican Central Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Diebursoment) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
	CK#			\$
•	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#		***************************************	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if lest page of this schedule)	

	8' COMMITTERS	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persona/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 58A.402(3)().)

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